

Request No.: \_\_\_\_\_  
(Attorney General Office Use Only)

**DIVISION OF DEVELOPMENTAL DISABILITIES  
REQUEST FOR LEGAL ADVICE FORM**

Date of Request \_\_\_\_\_

Date Response is needed \_\_\_\_\_

Is a written response necessary? ☐ No ☐ Yes

	REQUESTER	CRM CONTACT
NAME		
TELEPHONE		
FAX		
MAIL STOP		

Issue area: ☐ Fair Hearing ☐ Contract ☐ Waiver ☐ Other \_\_\_\_\_

Is there any legal action pending? ☐ No ☐ Yes Describe \_\_\_\_\_

Describe issue:

Specific question(s) for the AAG:

If known, list relevant statute (RCW), rules (WAC), contract language, policy:

Documents sent to AAG:

Approval to refer to AAG:

\_\_\_\_\_  
Signature of RA/FSA/OC/Program Manager

\_\_\_\_\_  
Date

Additional Comments: